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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No. 402990/AOYAMA Client Reference No. Hiromasu MATSUOKA First Inventor

(Only for new nonprovisional applications under 37 CFR 1.53(b))

SEMICONDUCTOR LASER DEVICE Title

	5(5)/		Exp	ress Mail Label	No.			
	APPLICATION ELEMENTS	ADDRESS TO:		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
1.	☐ Utility Patent Application Transmittal					CATION PARTS		
2.	Form Applicant claims small entity status. See 37 CFR 1.27.	10.		Applicant required (include publication 1.18(d))		y publication. under 37 CFR		
3.	Specification (including claims and	11.	\boxtimes	Assignment P		-11		
4. 5.	abstract) [Total Pages 31] Drawings [Total Sheets 15] Combined Declaration and Power of Attorney [Total Pages 4] a. Newly executed b. Copy from prior application [Note Box 6 below] i. Deletion of Inventor(s) Signed statement attached deleting inventor(s)	13. 14. 15.		an Assignee) Power of Atto English Trans Information D Form PTC Copies of patents and appl	rney lation Do isclosure 0-1449 Referencications)	cument (if applicable) Statement (IDS) ces (except for U.S.		
6.	named in the prior application Incorporation by Reference: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered as part of the disclosure of the accompanying application and is hereby incorporated by reference.	17. 18.		(Should be specification of Prior Document(s) Request & Ce	ot Postcal fically itemizity & Cert ertification (Form F	rd		
7.	Application Data Sheet. See 37 CFR	20.		Other:	ŕ			
8. 9.	 □ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission a. □ Computer Readable Form (CRF) b. Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies); or ii. □ Paper Copy c. □ Statement verifying identity of above copies 							
21.	21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below: ☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application no. Prior application information: Examiner ☐ Group Art Unit:							

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APPLICATION FEES								
BASIC FEE			\$770.00					
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE					
Total Claims	20 -20=		x \$18.00	\$				
Independent Clai	ms 4 - 3=	1	x \$86.00	\$86.00				
☐ Multiple Depe	ndent Claim if applicable		+\$290.00	\$				
			calculations =	\$856.00				
	Red	duction by 50% for filing by	y small entity =	\$()				
Assignment fe	ee if applicable		+ \$40.00	\$40.00				
☐ Early publication fee if applicable			+ \$300.00	\$				
			TOTAL =	\$896.00				
 Please charge my Deposit Account No. 12-1216 in the amount of \$896.00. A check in the amount of \$ is enclosed. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216: a.								
26. CORRESPONDENCE ADDRESS								
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Name Jeffrey A. Wyand, Reg. No. 29,458								
Signature Signature								
Date Yach 4, runt								

Utility Transmittal (Revised 2/28/04)